

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 9 2019

PLEASE PRINT

NEW HAMPURIKE DEPARTMENT OF STATE

I. Name of Lobbyist(s) S	am Hallemeier		
II. Name of lobbyist's partner	ership, firm or corporation, if a	ny:	
(Name of par	tnership, firm or corporation)		
1 Express Way Mail S	Stop 2W221, St. Louis, M	O 63121	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(314) 619-0895 (Telephone)	()(Fax	e-mail <u>SHalle</u>	meier@express-scripts.con
	Choose one – file separate repo ons which are not attributable		nay file a separate report for
·	occurring in the months prior to	the reporting date relative to	the following client:
Express Scripts Holdi			
	lame of Client as it appears on the Lo	obbyist Registration Form)	
OR ☐ All reportable transactions unrelated to any particular clie	by the lobbyist (including the lob	obyist's family), or the lobbying	ng firm listed below which are
IV. Date of Report April	24, 2019 🛭	July 31, 2019	
	date of registration to 3/31/19	activity from 4/1/19 to 6/30/1	9
Octo	per 30, 2019 🗌	January 29, 2020 🗌	
activity j	From 7/1/19 to 9/30/19	activity from 10/1/19 to 12/3	1/19
	s received and no reportable e just this form and submit it to th		
VI. Check if additional repo	rts are attached:		
	or made expenditures, you must t	file Addendum A– Fees and I	Expenses
☐ If you have paid an honor Expense Reimbursement	arium or reimbursed expenses, yo	ou must file Addendum B-R	eport of Honorariums or
☐ If you, your firm, or your	family has made political contrib	utions, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete by the best of my (Signature of lobbyist)	n by Lobbyist B, RSA 14-C and RSA 664 and h knowledge and belief.	hereby swear or affirm that the $\frac{4/23/6}{(D)}$	foregoing information is true
Samuel Hallemeier (Print Name of lobbyist)			